



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
**DEPARTMENT ON DISABILITY SERVICES**

**Quality Improvement Committee (QIC) Meeting Minutes**

**Tuesday, May 7, 2019**

**In Attendance**

Erin Leveton, Deputy Director, QAPMA  
Yolanda Van Horn, Psychologist, QAPMA  
Dianne Jackson, QR Unit Supervisor, QAPMA  
Tasha Klusmann, QR Unit Supervisor, QAPMA  
Greg Banks, PAU Supervisor, QAPMA  
Aman Sanghera, Program Manager, QAPMA  
Marc Clarke, MRC Coordinator, QAPMA  
Kim Trawick, Program Analyst, QAPMA  
Milton White, Program Analyst, QAPMA

Larnique Sugick, Management Analyst, QAPMA  
Nanya Chiejine, Asst. Director, GUCCHD  
Ian Paregol, DD Coalition (On-phone)  
Alison Whyte, DD Coalition (On-line)  
Thomas Mangrum, Project Action!  
Annie Alatisha, Family Support Council  
Adijat Alatisha, Self-Advocate

Corey Neils, Program Specialist, QAPMA

**Handouts during meeting**

Agenda

Q2 Significant Trends Identified in the DDS Licensing Report, presented by Dianne Jackson, QRU Supervisor (On-screen)

Q2 Significant Trends Identified in Incident Reporting for Individuals and Providers, presented by Corey Neils, Program Specialist, PMU (On-screen)

**Welcome and Introductions**

Meeting facilitator, Corey Neils, Program Specialist in the Performance Management Unit of the Quality Assurance and Performance Management Administration (QAPMA) of DDS, welcomed the new and existing members to the reformatted Quality Improvement Committee. The expanded meeting allows for DDS staff, external stakeholders (like Project Action! and the DD Coalition), advocates, and I/DD providers to meet and discuss issues that have an impact on the quality of services provided.

**Discussion on ‘What’s Working’**

Aman Sanghera, PMU Supervisor, initiated a conversation with members about what they have found to be effective in the reformatting of the Quality Improvement Committee meetings that began with the meeting in January. Aman referenced the discussion in January when DDS informed the committee of the steps taken to reformat these meetings to be more purposeful and identified a few ways of how success within the QIC would be measured. Aman noted that now that there have been three of these reformatted meetings, it might be a good time to see if the committee is working towards the objectives that set in January and if not, where there might be areas of opportunity members might have identified.

In January, the committee defined success within the QIC as:

- improving DDS policies and procedures through data, research, and employment of best practices to ultimately improve the quality of life for the people we serve;





- to have greater participation from different parts of DDS;
- to review and implement more best practices from a Statewide perspective;
- have data-driven results;
- review quality metrics from various departments;
- establish appropriate data points to collect and link to MCIS;
- to look at more significant areas of concern for DDS provide an opportunity for people outside of DDS to share their perspectives;
- to share the right level of information timely; and to commit to studying the problem, creating potential solutions, and evaluating the success of solutions.

Initially, the meeting reformatting was done in parallel to meet the objectives that set in the waiver, which are to review a specific number of reports at a particular frequency. Aman asked if committee members felt that the reports presented have been informative, helpful, or do members see an area of opportunity to improving that aspect.

Nanya Chiejine, Asst. Director, GUCCHD questioned what happens to recommendations made in the committee. Aman responded that a recommendations tracker has been developed and that going forward that QIC meetings will start by reviewing the recommendations made at the previous session and any outstanding suggestions.

Marc Clarke, MRC Coordinator, QAPMA noted the difficulty in following the reports when they're being presented and does not allow for consideration of the information. Aman said that if available, presentation decks can be sent and reviewed before the meeting and people can email the type of conversations they want to have about the topic, data presented, or specific information that they want a deeper dive into before the next meeting.

Greg Banks, PAU Supervisor, QAPMA commented that although the information is stratified in many different ways, it is the purpose of the QIC to make recommendations to improve the quality of services and lives of the people we provide those services. To that end, the information provided needs to identify more root causes or reasons to why things are happening as in, for instance, incident reporting.

Nanya Chiejine, Asst. Director, GUCCHD added that although the many different tools of the various departments are different, that may be a way of demonstrating how the information works together to address quality and make them more integrated, rather than just different informational tools from various departments. Aman noted that DDS is reviewing the current monitoring tools to identify redundancies and to ensure that the information is not duplicative.



Ian Paregol, DD Coalition (On-phone) noted that it would be helpful to discuss how we (the District) measure quality, specifically the aspects of the reports that demonstrate quality. A conversation about what the District sees as measures of quality to understand how the information in reports is meeting those measures.

Thomas Mangrum, Project Action commented on the need for the tools to identify those areas that will measure the quality of life issues, using an example of someone using a manual wheelchair and identifying strategies that might be effective in obtaining a self-propelled wheelchair and enhance their independence, to address quality to have more practical outcomes.

Erin Leveton, Deputy Director, QAPMA feels that providing the information before the meeting will help facilitate more productive conversations. She further noted that although the reports are essential, the significant findings of the reports are crucial to having the conversations to identify areas of improvement. One aspect is determining what the measure of quality is since the District has been focused on compliance. At a recent Person Centered Organization (PCO) meeting, a couple of working groups were launched. One group's focus will be on building a culture of quality aimed at redefining what quality is in the District, what we need to be looking at for compliance, and what we want to look at around quality that goes beyond. Tina Campanella, Quality Trust, has agreed to co-chair the sub-group with Erin and they hope to get broad participation within DDS from the providers, from Project Action, and family members.

### **Q2 Significant Trends Identified in the DDS Licensing Report**

Dianne Jackson, QR Unit Supervisor, QAPMA presented the Q2 Significant Trends from the DOH/HRLA Licensing reports for ICFs and Residential Habilitation programs. Dianne reviewed the process DC Health (DOH) goes through in their typically annual review of provider program sites. Upon completion of the review (audit), the provider receives a Statement of Deficiencies (SOD), which outlines the regulations and guidelines found not to have met the established standard. The provider is responsible for developing a Corrective Action Plan (Plan of Corrective Actions), which details the steps that will be taken to correct the identified deficiencies. A copy of this POCA is sent to DDS, and the deficient items tracked via the DDS MCIS Issues system (which must have a date of completion to be considered closed, and the assigned QRS will then schedule an inspection of the site to ensure that the POCA has been implemented and corrections sustained.

Dianne explained that systemic or egregious issues might trigger DC Health to issue Emminate Jeopardy (at the time of review) which requires immediate remediation. This kind of deficiency could pose health, safety, or environmental threats to the welfare of the individuals in the home.





Dianne emphasized that the issues are assigned to the department best suited to address the item based on the domain or sub-domain (i.e., Health and Wellness issues assigned to Health and Wellness).

Greg Banks, PAU Supervisor, QAPMA questioned if the data has been stratified to reflect the prevailing trends, more specific than the domain and sub-domains to identify the particular reasons that providers are receiving deficiencies to see if patterns exist and the committee can make the relevant recommendation to address the problem. The details of this information are included in the SOD, and the data can be stratified to that level and prioritized.

Erin Leveton, Deputy Director, QAPMA feels that there may be a duplication of work with DC Health also tracking this information and would like the committee's perspective on whether DDS's energy is best-utilized tracking and addressing the same. Dianne made the point that the DDS's issues tracking and resolution system in MCIS (DDS database) tracks the items cited in the SOD and creates a record of the data as a means of identifying provider trends.

Ian Paregol, DD Coalition, commented that this information does not reflect the prioritized importance of the deficiencies noted and does not appear to address real issues of quality and more, compliance. Dianne emphasized that this presentation is a reporting of the aggregated numbers of what was found and not how these matters were prioritized and addressed. All parties agreed that although helpful, it would be productive to have more detailed data on, not only the number and area of deficiencies but how these "issues" are prioritized and addressed. Erin suggested maybe sharing this report with DC Health during a DC Health/DHCF call to discuss the possibility of unnecessary overlap and how we, as departments, can best utilize our oversight resources.

## **Q2 Significant Trends Identified in Incident Reporting for Individuals and Providers**

Corey Neils, Program Specialist, PMU presented the Significant trends identified in incident reporting for individuals and providers. Corey emphasized that the Quarterly Incident Management Report itself is a more detailed and extensive report. This presentation is based on the information shared in January for consistency and includes the recommendations made at the January QIC meeting, a more detailed analysis of Unplanned and Emergency Inpatient Hospitalizations (UEIH). This analysis consists of the major categories of UEIH and the frequency based on the type of facility based on the number of incidents reports accepted by the Immediate Response Committee (IRC) for the period. Further explanation was provided for events such as fires and vehicle accidents. These types of events tend to skew aggregated numbers for



those incident types due to one situation involving fire, or vehicle accident generates incident reports for each person involved in the case (i.e., five people riding in the van and that van has a fender bender generates five incident reports).

Erin Leveton, Deputy Director, QAPMA discussed that although helpful, the aggregated numbers do not necessarily give a full story of why there might be an increase in any incident type. Corey explained that this data is stratified to that level but not reflected in this presentation but can be found in the report. Further explanation was provided for understanding investigation outcomes (i.e., Substantiated for Neglect or Substantiated for Abuse). The committee discussed the role of the IRC CORE committee and the trending information. The committee feels that the data presented does not tell the story behind the numbers. Aman Sanghera, PMU Supervisor, explained that the IRC CORE committee would also be reformatted to provide more of the descriptive information that will help understand the data.

Erin further discussed the misunderstanding that exists on DDSs requirements for injuries above the neck and that a transmittal will be distributed with the provider community to help clarify the need for emergency room or urgent care visits. Erin also felt that the abuse category is too broad and should be broken down into more specific types of abuse (psychological, sexual, physical) to understand the allegations and frame recommendations better to address underlying problems; furthermore, which types of investigations that are receiving inconclusive outcomes to help understand trends. Aman discussed the data available on the NCI website that may be helpful for a deep dive on abuse for the District. Aman suggested to possibly look at the monitoring tools to determine if the questions are like the NCI data (identifies susceptibility to abuse).

Greg Banks, PAU Supervisor, questioned the data on recommendation implementation. Aman explained that implemented within 30 days past due can be stratified to gain a better understanding of the types of recommendations that are not being implemented on time will require a manual analysis and may take some time to compile the information.

Aman noted the analysis of this information will be more reflective of the questions and recommendations as we progress through the process of these meetings and most likely a year from now the presentations will evolve in focus in the specific areas of concern for the committee. Aman further explained that these are static views of the information and not dashboards that would have all of the data available to answer questions that come up but can be considered for future meetings.





### **Announcements and Other Updates**

- Quality Improvement Committee Meetings are the first Tuesday of each month. Each meeting will be accessible in person and via the internet using WebEx.
- Minutes to past QIC meetings are available on the DDS website (DDS.dc.gov).

**Next Meeting:** Tuesday, June 4, 2019, at DDS.

